

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596635

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		2				
5		1				
6		8				
7						
8	1					
9		1				
10		6				
11						
12			1			
13				1		
14				1		
15				1		
16				1		
17			1	1		
18				1		
19				1		
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	2	←		←	
TOTAL CLAIMS	←	10	←		←	
		12				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	